

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2939AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/15/2009
NAME OF PROVIDER OR SUPPLIER WILLOW CREEK BUFFALO ASSTD LIV		STREET ADDRESS, CITY, STATE, ZIP CODE 3890 N BUFFALO DR LAS VEGAS, NV 89129		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 9/15/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 113 Residential Facility for Group, 85 beds for elderly and disabled person and 28 beds for individuals with Alzheimer's disease and related dementia, Category II residents. The census at the time of the survey was 100. Twenty resident files were reviewed and sixteen employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of D. The following deficiencies were identified:	Y 000		
Y 070 SS=E	449.196(1)(f) Qualifications of Caregiver-8 hours training NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility. This Regulation is not met as evidenced by: Based on record review on 9/15/09, the facility failed to ensure 6 of 16 employees received eight	Y 070		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 070	Continued From page 1 hours of annual caregiver training (Employee #3, #5, #7, #12, #15 and #16). Additionally, the facility failed to ensure 3 employees (Employee #5, #14 and #15) received 8 hours of initial medical management training. Severity: 2 Scope: 2	Y 070			
Y 103 SS=F	449.200(1)(d) Personnel File - NAC 441A NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee. This Regulation is not met as evidenced by: Based on record review on 9/15/09, the facility failed to ensure that 2 of 16 employees complied with NAC 441A.375 regarding tuberculosis testing (Employee #11 and #15) for the protection of all residents. Employee #11 and #15 failed to show evidence of a 2 step tuberculosis skin test. This was a repeat deficiency from the 10/7/08 State Licensure survey. Severity: 2 Scope: 3	Y 103			
Y 105 SS=D	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2,	Y 105			

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Y 105	Continued From page 2 a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review on 9/15/09, the facility failed to ensure 2 of 16 employees met background check requirements (Employee #6, and #16). Employee #6 failed to show evidence of state and FBI background results. Employee #16 failed to show evidence of an FBI background check. Severity: 2 Scope: 1	Y 105			
Y 255 SS=F	449.217(6)(a)(b) Permits - Comply with NAC 446 NAC 449.217 6. A residential facility with more than 10 residents must: (a) Comply with the standards prescribed in chapter 446 of NAC. (b) Obtain the necessary permits from the Bureau of Health Protection Services of the Division. This Regulation is not met as evidenced by: Based on interview, observation and interview on 9/15/09, the facility failed to comply with the	Y 255			

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Y 255	Continued From page 3 standards prescribed in chapter 446 of NAC. Findings include: * Raw fish stored above cooked chicken * Employee failed to follow proper sanitation procedures when using the automated dish washer. * Dish machine not dispensing the correct concentration of sanitizer (less than 50 parts per million chlorine). * Undated containers of raw chicken and cooked turkey and unlabeled sugar and flour bins in dry storage. * Kitchen door leading to the outside will not securely fasten allowing gaps and openings. * Sanitizer solution in which wiping cloths are stored has no reading for sanitizer. * Clean sheet pans and other kitchen ware were stacked while still wet. * Outside dumpster lids were open and the ground was soiled with leakage around the dumpster. * Food handler observed rinsing wiping clothes in sink designated for hand washing only. * Household refrigerator, freezer and microwave in Alzheimer's unit used for resident food from dietary. Refrigerator in this area is on a carpeted area. Severity: 2 Scope: 3	Y 255			
Y 393 SS=F	449.226(4)(a)-(c) Safety Requirements NAC 449.226 4. In a residential facility with more than 10 residents: (a) Each resident must be provided with, or the bedroom and bathroom of each resident must be equipped with, an auditory system that is monitored by a member of the staff of the facility.	Y 393			

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Y 393	Continued From page 4 (b) An auditory system must be available for use in the bathroom of each resident of the facility if the facility was issued its initial license on or after January 14, 1997, so that a resident needing assistance can alert a member of the staff of the facility of that fact from the toilet and the shower. (c) A bathroom that is located in a common area of the facility must be equipped with an auditory system that is monitored by a member of the staff of the facility. This Regulation is not met as evidenced by: Based on observation and interview on 9/15/09, the facility failed to ensure the auditory alarm system in the memory care unit functioned. Two bathroom call buttons were triggered, a caregiver did not respond. A resident pendant was activated, it failed to register on the pager. Severity: 2 Scope: 3	Y 393			
Y 878 SS=D	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order.	Y 878			

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Y 878	Continued From page 5 This Regulation is not met as evidenced by: Based on record review and interview on 9/15/09, the facility failed to ensure that 2 of 21 residents received medications as prescribed (Resident #1 and #6). Resident #1 was prescribed Aricept 5 milligram (MG) take 1 tablet in the evening, the facility gave the resident Aricept in the morning. Resident #6 was prescribed Alendronate Sodium 5 MG tablet by mouth every morning on an empty stomach. The facility gave the resident the medication once a week. Severity: 2 Scope: 1	Y 878			
Y 936 SS=E	449.2749(1)(e) Resident file-NRS 441A Tuberculosis NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: Based on record review on 9/15/09, the facility failed to ensure that 7 of 21 residents complied with NAC 441A.380 regarding tuberculosis	Y 936			

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Y 936	Continued From page 6 (Resident #1, #5, #8, #11, #15, #17 and #19) which affected all residents. Resident #1 and #17 failed to show evidence of an annual tuberculosis test. Resident #5, #15 and #19 failed to show evidence of a second step TB test. Resident #11 failed to have evidence of an annual physical. Resident #8 failed to have evidence of annual signs and symptoms. Severity: 2 Scope: 2	Y 936			
Y 993 SS=E	449.2756(1)(d) Alzheimer's training NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (d) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, successfully completes the training and continuing education required pursuant to NAC 449.2768. This Regulation is not met as evidenced by: Based on record review on 9/15/09, the facility failed to ensure 7 of 16 employees received the required Alzheimer's training (Employee #3, #4 #5, #7, #12, #15, and #16). Severity: 2 Scope: 2	Y 993			
Y 994 SS=F	449.2756(1)(e) Alz fac -Dangerous items	Y 994			

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Y 994	<p>Continued From page 7</p> <p>NAC 449.2756</p> <p>1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that:</p> <p>(e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents.</p> <p>This Regulation is not met as evidenced by: Based on observation on 9/15/09, the facility failed to ensure dangerous items like nail clippers, scissors, wrench, screw driver and hammer were locked in 4 of 6 sampled bedrooms (Bedroom #1, #2, #8 and #10). Bedroom #1 contained 2 nail clippers, a screw driver, a hair thinner, a serrated knife and scissors. Bedroom #2 had scissors in the top drawer of the dresser. Bedroom #8 contained pliers, nail clippers and a hammer. Bedroom #10 contained 4 nail clippers and nails. An oven in the Alzheimer's unit was accessible to the residents without a safety shut off device.</p> <p>Severity: 2 Scope: 3</p>	Y 994			

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